Under the Paperwork Reduct	ion Act of 1995	no persons are req	uired to re	U.S. Pateni spond to a collectio	t and Tra	demark Office mation unles	e; U.S. D	EPARTMENT OF COMMERCE tys a valid OMB control number	
Effective on 12/08/2004.							ete if Known		
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Nur	10/539,591 Conf. No.: 4758				
FEE TRANSMITTAL For FY 2009				Filing Date		January 1	7, 2006		
				First Named Inventor		Morgan LARSSON			
				Examiner Name		L. TENTONI			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	1791				
TOTAL AMOUNT OF PAYMENT (\$) 360.00				Attomey Docke	1807-0187PUS1				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number; 02-2448 Deposit Account Name:									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee									
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
	Small Entity Small Entity					KAMINATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$	1.34.141	Fee	(\$) Fee	(\$)	Fees Pald (\$)	
Utility	330	165	540	270	22	•	-		
Design	220	110	100	50	14	) 7	0		
Plant	220	110	330	165	17	) 8	5	***************************************	
Reissue	330	165	540	270	65	32	5		
Provisional	220	110	0	0		)	0		
2. EXCESS CLAIM FEES         Small entity Fee Description           Fee Description         Fee: 15           Each claim over 20 (including Reissues)         52           Each independent claim over 3 (including Reissues)         220           110									
Multiple dependent claims							390	195	
Total Claims								Dependent Claims	
HP = highest number of total Indep. Claims  1 - 3 or HP = HP = highest number of inde	claims paid for Extra Claim 0	Fee (\$)	Fee	Pald (\$) 0.00			Fee (\$)	Fee Pald (\$)	
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (5) Fee Paid (5)  -100 = 0 / 50 = 0 (round up to a whole number) x = 0.00									
4. OTHER FEE(S) Non-English Specification, \$139 fee (no small entity discount)  Fees Paid (5)									
Other (e.g., late filing surcharder). Two Month Extension of Time (One Month previously paid) 360.00									
SUBMITTED BY									
ignature Registration No. 29680 Telephone 703. (Attorney/Agent)							one 703-205-8000		

Name (Print/Type) Michael K. Mutter Date June 30, 2010 This collection of 1.1

This collection of information is equired by 37 FEF 1.136. The information is required to obtain or retain a benefit by 1.1

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